



## PERSONAL DATA

<b>Name</b> <input style="width: 95%; height: 25px;" type="text"/>	<b>Social Security #</b> <input style="width: 95%; height: 25px;" type="text"/>	<b>Date of Birth</b> <input style="width: 95%; height: 25px;" type="text"/>
<b>Name</b> <input style="width: 95%; height: 25px;" type="text"/>	<b>Social Security #</b> <input style="width: 95%; height: 25px;" type="text"/>	<b>Date of Birth</b> <input style="width: 95%; height: 25px;" type="text"/>
<b>Address</b> <input style="width: 99%; height: 30px;" type="text"/>		
<b>Do you live in the city or the township</b> <input type="checkbox"/> <b>City</b> <input type="checkbox"/> <b>Township</b>		
<b>Phone</b> <input style="width: 95%; height: 25px;" type="text"/>	<b>Phone</b> <input style="width: 95%; height: 25px;" type="text"/>	
<b>Email</b> <input style="width: 99%; height: 30px;" type="text"/>		

<b>Marital Status as of December 31.</b>			
<input type="checkbox"/> <b>Single</b> <input type="checkbox"/> <b>Married</b> <input type="checkbox"/> <b>Live with Spouse</b>			
Dependents	Relationship	SSN	Date of Birth
1	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
2	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
3	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
4	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
5	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Health Insurance			
<b>Did you at any time have Market Place Insurance?</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			
<b>If "Yes" You Must Bring The 1095a Form That You Received.</b>			

**Dayton Fax: (937) 277-8790**  
**2004 Needmore Rd, Dayton, Ohio 45414**  
**(937) 277-8907. f**

**Lebanon Fax: (513) 938-0810**  
**200 Harmon Ave, Lebanon, Ohio 45036**  
**(513) 932-1938. f**